****Parent Information****

2015 SUMMER CAMP PROGRAM @ Derick Davis Center/Maides Park

1101 Manly Ave. | 341-7867 Latasha.singletary@wilmingtonnc.gov

PROGRAM HOURS/SESSIONS: June 15-August 14, 2015 Summer Camp will operate from Monday through Friday from 9:00a.m. - 1:00 p.m. **Camp will be closed June 29-July 3, 2015.**

AGES:

Open to children who are currently enrolled in Kindergarten through fifth grade (ages 5-10). **Parents need to provide a birth certificate upon the first day of summer camp.** Must be 5 years of age prior to the day attending camp

ARRIVAL AND DEPARTURE:

Once arriving at the summer camp program the child is expected to remain until 1:00pm. The following are the only exceptions:

- Early pickup by authorized person
- Written notice from parent/guardian requesting early departure

Verified telephone call from parent/guardian

<u>NOTE</u>: Sign in and out sheets will be utilized. Parents should sign in children upon arrival. Sign in/out charts will be located near the front entrance of the buildings. Staff will make sure all parents are signing children (in/out) and signing initials and time.

Children will only be allowed to leave with people who are listed on their emergency contact form. Staff will always ask to see the ID of people they do not recognize.

Staff will not release children to other minors. No one under the age of 18 is allowed to pick up/sign out children.

Early Drop Off/Late Pick Up:

The child must be picked up no later than $\underline{1:00~pm}$. Parents who are late picking their child up from the program will receive three written warnings. A fourth occurrence will result in the child being dismissed from the program.

HEALTHY LUNCH & SNACKS:

A healthy lunch will be provided each day. Example of lunch: Sandwich, fruit or vegetable, and milk. Snacks and lunch are provided by New Hanover County Summer Food Program Monday-Thursday of each week. Dates to be announce. Parents must provide lunch until the Summer Lunch Program begins.

FIELD TRIPS:

The program offers field trips at various times and prices. Transportation will be provided for field trips only. All children must stay with their group. If a child refuses to comply and leaves the group more than once, he/she may not be eligible to attend future field trips. Swimming will be every Tuesday and Thursday of each week.

ABILITY: By enrolling the child in the program, you agree that the child is physically fit, has the skill level required to participate.

TRANSPORTATION:

The City does not provide transportation for children to or from the summer camp programs (except field trips.)

<u>TOYS AND PERSONAL ITEMS:</u> Children should not bring toys or other personal items from home unless staff is providing a special activity or theme day. Children will not be allowed to use cell phones during summer camp.

<u>MEDICATIONS</u>: We <u>DO NOT</u> administer or dispense any type of medication to participants. If your child has special medical needs, staff must be informed the day of registration/sign up to assure staff is equipped to handle any type of emergency. **Failure to inform staff of medical needs, may result in dismissal.**

SAFETY: Basic safety rules:

Children are to walk, not run, when inside.

Children will not climb on table games or furniture.

Children are not allowed to throw objects such as sand, pencils, toys, etc. which might injure another child. Children are not allowed to play directly in front or behind swing sets.

Only one child is allowed to go down the slide at a time and each child is expected to wait until the child before him has moved away from the bottom of the slide before beginning to slide.

Children must always come down the slide feet first.

Pushing and shoving is not allowed.

Playground equipment should always be used properly; there should be no climbing on top of equipment Children must wear sneakers; sandals and flip flops are not allowed

BEHAVIOR POLICY:

Children are expected to be on their best behavior at all times. The City has the right to suspend or dismiss any child from the program for inappropriate behavior as determined by the City.

Praise and positive reinforcement are effective methods used in the behavior management of children. When children receive positive, non-threatening and understanding interactions from adults at home and in the community, they develop good self-esteem, self-discipline and problem solving abilities. Based on this belief on how children learn and develop values, City of Wilmington Community Center staff will practice behavior management techniques.

To ensure program quality and safety of participants, certain guidelines must be established and enforced if the child steps out of these boundaries. A standard discipline procedure has been established so that all children will be treated fairly. If a child is involved in any behavior that disrupts program structure or affects the safety of participants, the following procedures will be initiated:

Quiet reprimand/verbal counseling.

After repeated behavior problems, a first written incident report will be given to the parent.

Additional behavior problems will constitute a second written incident report given to parent and a 1-2 day suspension from the program.

If problems persist, a third written incident report constitutes that the participant will be asked to leave the program.

For severe offenses, <u>such as but not limited to</u> fighting, theft, profanity, vandalism, possession of weapons or drugs, severe verbal threats, or sexual misconduct, the participant will be dismissed from the program immediately, by-passing the first four steps of this procedure.

Child Name(Print):	Child Signature:	Date:
Parent Name (Print):	Parent Signature:	Date:

REGISTRATION FORM

Child's Name			Boy	Girl Age		
Date of Birth		Grade				
Address		City		_ Zip Code		
E-mail Address						
Your child's shirt size:	Adult Small	Medium □Adui	LT LARGE ADULI	X-Large Adult 2X-Large		
Does your child swim? _	Yes No To wl	nat extent?_	_ Beginner I	ntermediate Advanced		
Parent/Guardian Name:			_ Home/Cell phone			
Employer			Work phone			
Parent/Guardian Name:			Home/Cell phone			
Employer		Work phone				
Full names and ages of o	other children in your	family who	are or will be e	nrolled in program:		
Name	Age	Name		Age		
Name	Age	Name		Age		
Name	Age	Name		Age		
Other than the child's pa over the age of 18, author that a photo ID is requir Name:	orized in writing by the dat time of pick up. Work phone	ne parent/gua	urdian may pick	t up a child. Please note		
		Home/Cell phone				
Name: List any limitations to p						
Does child have or had a	llergies? Yes No If	f yes, please s	specify			
Does child have or had s	eizures? Yes No If	yes, please s	pecify			
Type of seizure	Freq	uency				
List any medications pre	esently being taken by	y the child th	at are prescrib	ed by a physician:		
Medication	for		_ Dosage	Time		
Medication	tor		Llogago	Timo		

Emergency Notification Please identify persons to notify it	if the narent or guardian of the	child cannot	he contacted in ca	se of	
an emergency:	if the parent of guardian of the t	Jiiiu caiiiot	be contacted in ca	.50 01	
Name		RelationshipBusiness phone			
Home Phone					
Cell phone	Pager				
Name					
Home Phone					
Cell phone	Pager				
PLEA	ASE READ CAREFULLY BEFORE S	SIGNING			
ties. I further authorize medical treachild's participation, I hereby release from and against any and all claims, out of the child's participation in the have read and understand the above I further authorize the City of Wiln the City to make photographs, films, same, and use the photographs, film poses. I consent that said photographs, lished, telecast or broadcast for such scriptions, copy and editorial statem All photographs, films, videotapes, comments, if any, shall be and remothers employed or authorized by the for the use of said photographs, film to the City or its authorized media of same.	e and hold harmless the City, its ag demands, causes of action or other above programs, including but not a mington and/or representatives of the videotapes and sound recordings on the purposes as the City or such ments. I sound recordings, interviews, including the purposes of the City of Wine City. I waive any and all considers, videotapes, sound recordings and sound recordings and all considers, videotapes, sound recordings and sound recordings are sound recordings.	tents, officers, be liability on a limited to, rich he news med of the child or and interviews and interdia and other luding describility describility and leration, computed interviews,	employees and voluccount of damages adding in the City's versia or others authoric conduct an intervier in any form for the views may be copied as see fit together we ptions, copy and early or the media component or remuner and I transfer and	inteers arising hicle. I ized by w with ir pur- d, pub- ith de- ditorial bany or eration convey	
Name of child	Adult Signature of Par	rent or Lega	l Guardian		
Adult (print name)	Emergency Phone #	Date			
FOR STAFF USE ONLYCity resident	Non-City resident				
Late Pick Up Record Date Time	Comments				
Date Time					
Date Time	Comments				
Please Check on bo	ox for each question and s	ign where	indicated.	7	
My child will be walking to the p	orogram on a regular basis.	Yes □	No □		
My child will be walking <u>from</u> th	ne program on a regular basis.	Yes □	No 🗆		
Parent/Guardian Signature:					
By signing this form, I acknowledge disciplinary actions.	that I have read, understand and a	gree to abide	by all policies/		
Parent/Guardian Signature:	Child	Signature:			